

**MDOT Youth Development and Mentoring Program
(YDMP)**

2015 PROGRAM APPLICATION

Equal Opportunity Employer

A MDOT APPLICATION IS REQUIRED. Résumés are encouraged, but are not a substitute for the application

SECTION 1 – POSITION FOR WHICH YOU ARE APPLYING	
Position Applying for (team member, team leader, facilitator) _____ County of Residence _____	
Have you ever been a Youth Development and Mentoring Program Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you or have you ever been a State of Michigan employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Employee ID # required (i.e., h0123456) _____	

If you have a disability, as defined by the Michigan Persons with Disabilities Civil Rights Act, and require assistance to complete this application, a reasonable accommodation may be provided.

SECTION 2 – PERSONAL INFORMATION	
Name: _____	
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Email Address: _____ Cell Phone Number: _____	
Home Telephone Number: _____ () _____ Previous name(s) if different than current name: _____	
Have you ever been dismissed from employment or resigned your employment in lieu of dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, when and please explain: _____	
NAME/LOCATION OF HIGH SCHOOL	DIPLOMA: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed _____
CRIMINAL HISTORY (Please check all that apply) <input type="checkbox"/> Convicted of a felony (provide date, offense, location and disposition below?) <input type="checkbox"/> Felony criminal charges are pending (please explain below)	<input type="checkbox"/> Convicted of a misdemeanor (provide date, offense, location, and disposition below) <input type="checkbox"/> None
If "Yes" then list each offense, the date of offense, location and disposition.	

SECTION 3 – COLLEGE, UNIVERSITY, TRADE SCHOOL OR SPECIAL TRAINING (TRANSCRIPTS ARE REQUIRED)			
NAME OF SCHOOL	LOCATION	COURSE OF STUDY	DEGREE OR CERTIFICATE RECEIVED
TRADE SCHOOL/SPECIAL TRAINING			
TRADE SCHOOL/SPECIAL TRAINING			

CITIZENSHIP:

Can you, after employment, submit proof of your legal right to work in the United States? ☐ Yes ☐ No

Are you related to anyone working at MDOT? ☐ Yes ☐ No If "Yes" please list the name of each relative and relationship to applicant

NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP

SECTION 4 - PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include job related volunteer work, if applicable, and indicate number of employees supervised. Use a separate block to describe each position. If needed, attach additional sheets, using the same format as the application. Résumés may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)

MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

2 Name of Present or Last Employer: _____

Address: _____ Phone No.: (____) _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (____)

MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

DISCLAIMER

For your security, applicants are instructed not to send sensitive personal identification information: Social Security number, driver's license number, passport number, or banking/credit information. Applications that include this information will be rejected and returned to the applicant.

SECTION 5 – CERTIFICATION

I have read the disclaimer and I certify that all information contained in this application is true, and made in good faith. I agree and understand any falsifications, omissions, misstatements, or misrepresentations above will result in my forfeiting any rights of consideration for employment with the Michigan Department of Transportation or, if hired, could lead to my dismissal. Under the Michigan Persons with Disabilities Civil Rights Act, a person with a disability may allege a violation of the Act regarding the failure to accommodate only if the person with a disability notifies the employer in writing of the need for accommodation within 182 days after the date the person with a disability knew or reasonably should have known an accommodation was needed. This does not preclude my rights under federal law which establishes a 300 day statute of limitation. By submission of this application, I am authorizing the Michigan Department of Transportation to conduct a criminal history and background check, contact past employers regarding references and to check my motor vehicle operator license record as part of the pre-employment process.

By checking this box, I have read and certify this information is accurate and accept the terms and conditions set forth in this application.

Date: _____

EEO SURVEY

Although the following information is not mandatory, it is requested to comply with Federal Highway Administration (FHWA) requirements. This information is for statistical purposes only. It will in no way affect your employment status or opportunities, nor will it be used as part of the selection process (hiring managers will not receive this information).

Posting Code: _____ Bureau-Division/Region/Office: _____

Position: _____ Location of Position: _____

GENDER: MALE FEMALE

DISABLED: NO YES

HOW DID YOU HEAR ABOUT MDOT?

Friend/Associate/Relative

Newspaper/Magazine Ad

Website

Career Fair

Other _____

RACE/ETHNICITY (Please select all that apply to you):

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America).

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black: (not of Hispanic origin): A person having origins in any of the black racial groups.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (not of Hispanic origin): A person having origins in any of the original peoples of Europe, North Africa, or Middle East.

Multiracial: A person having origins in more than one racial group.

Employer, remove this section prior to the selection process.

